

DALE H. WHEELER MEMORIAL SCHOLARSHIP APPLICATION

Name _____ Birth Date _____

Address _____ City _____ State _____ Zip _____

Parent/Guardian _____ Address _____ City _____ State _____ Zip _____

High School _____ Date of Graduation _____

College Attending – Fall 2015 _____ Start Date _____

High School Sports and Activities:

High School Tennis Coach(es): _____

References:

Name: _____ Name: _____

Phone #: _____ Phone #: _____

Position/Title: _____ Position/Title: _____

Please enclose a summary of your high school background, personal future goals, and commitment to achieving these goals. Explain how tennis has been a factor in your life and to what extent it has made a difference to you.

Please return your sealed application and other pertinent information to Longview Tennis Desk no later than August 1, 2015.

Please address all sealed envelopes to:
Duluth Friends of Tennis
Dale H. Wheeler Scholarship Committee

Signature: _____ Date: _____